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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Met after Allowance	STATE OR COUNTRY MA	SHEETS DRAWING 42	TOTAL CLAIMS 36	INDEPENDENT CLAIMS 8
Verified and Acknowledged Examiner's Signature <u>VLW</u> Initials					

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TITLE

Data recovery with internet protocol replication with or without full resync

FILING FEE RECEIVED 1458	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input checked="" type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input checked="" type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input checked="" type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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